

LIMITED SOURCES JUSTIFICATION

ORDERS >\$3,000

FAR PART 8.405-6(g)

2237 Transaction # or Vista Equipment Transaction #: 695-12-1-6030-0005

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in par.3 below is sole source, therefore, consideration of the number of contractors required by FAR Subpart 8.4-Federal Supply Schedules, is precluded for the reasons indicated below.

Restricted to the following source: Provide original manufacturer's name for material or contractor's name for service. (if a sole source manufacturer distributes via dealers, ALSO provide dealer information.)

Manufacturer/Contractor: The Hon Company

Manufacturer/Contractor POC & phone number: Jean Reynolds, 800-466-8694

Mfgr/Contractor Address: The Hon Company
 200 Oak Street
 Muscatine, IA 52761-4313

Dealer/Rep address/phone number: N/A

☒ The requested material or service represents the minimum requirements of the Government.

(1) AGENCY AND CONTRACTING ACTIVITY:

VISN: 12

Department of Veterans Affairs

Great Lakes Acquisition Center

Building 6

5000 W. National Ave.

Milwaukee, WI 53295-0001

(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:

Limited source, brand-name only, procurement of Hon Initiate office workstations and associated office furniture for the Great Lakes Acquisition Center's 84th Street offices.

(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:

50 workstations, 90 chairs (workstations, offices, guests, breakrooms), 10 tables (conference, break, meeting rooms), 3 private offices.

(b) ESTIMATED DOLLAR VALUE: \$ 220,000.00

(c) REQUIRED DELIVERY DATE: December 31, 2011

(4) IDENTIFICATION OF THE JUSTIFICATION RATIONALE (SEE FAR 8.405-6), AND IF APPLICABLE, A DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED SUPPLY OR SERVICE. (CHECK ALL THAT APPLY AND COMPLETE)



The material/service must be compatible in all aspects (form, fit and function) with existing systems presently installed/performing. Describe the equipment/function you have now and how the new item/service must coordinate, connect, or interface with the existing system.

The requested furniture must match existing Hon Initiate office furniture currently installed on the premises at the 84th Street offices. This procurement of exact match furniture provides the requisite unrestricted ability to rearrange office space as needed in addition to providing an aesthetically cohesive work environment. Furniture from the Phase I move is also be used for the Phase II move.

(5) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.404(d) TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION.

The requested Hon furniture is on GSA contract and the pricing has been determined to be fair and reasonable.

Additionally, the procurement of exact match furniture gives the organization the flexibility to rearrange office space as needed while mitigating matching issues and the need to buy new furniture. Furniture from the Phase I move is also be used for the Phase II move.

(6) DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT INCLUDED:

This is a brand-name only, limited sole source, for items on The Hon Company's GSA contract GS-27F-00155. The Hon Company is the only manufacturing source for the requested items.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

None.

(8) A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE:

The request for proposal will be available to all certified Hon dealers. A simple search of the Hon website indicates nine dealers within a 30 mile radius of the 84th Street offices.

(9) REQUIREMENTS CERTIFICATION: I certify that the requirement outlined in this justification is a bonfide need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge. I understand that processing of this limited sources justification restricts consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4. *(This signature is the requestor's supervisor, fund control point official, chief of service or someone with responsibility and accountability.)*

Patrice R. Bond 11/11/2011
SIGNATURE DATE
Patrice R. Bond Manager, Medical Sharing Team GLAC
TITLE SERVICE LINE/SECTION
FACILITY

(10) APPROVALS IN ACCORDANCE WITH FAR 8.405-6(h):

a. CONTRACTING OFFICER'S CERTIFICATION (required): I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

Chad Turner 11-28-2011
CONTRACTING OFFICER'S SIGNATURE DATE
Chad Turner, Contract Specialist GLAC
NAME AND TITLE FACILITY

HIGHER LEVEL APPROVAL *(For orders over \$500,000):* ☐ REQUIRED ☒ NOT REQUIRED

HIGHER LEVEL APPROVAL (*For orders over \$500,000*): ☐ REQUIRED ☒ NOT REQUIRED

c. NCM/or Designee : I certify the justification meets requirements for restricting consideration of Federal Supply Schedule contractors to fewer than the number of required by FAR Subpart 8.4.

Mimi Boyce
NAME

11-28-11
DATE

VISN 12 NCM